

**PROGRAM:** Victim/Witness Assistance

1. **GRANT AWARD NUMBER:** VW09230290 **DATE OF SITE VIST:** 09/20/2010

2. **GRANT PERIOD:** 07/01/2009 – 06/30/2010

3. **RECIPIENT/IMPLEMENTING AGENCY:**  
Nevada County Probation Department

4. **PROJECT DIRECTOR:**  
Douglas A. Carver

<u>NAME</u>	<u>TITLE</u>	<u>AGENCY</u>
<u>Rod Gillespie</u>	<u>Sr. DPO, Project Coord.</u>	<u>Probation Dept., VW</u>
<u>Douglas A. Carver</u>	<u>Chief Probation Officer</u>	<u>Probation Dept., VW</u>
<u>Darlene Woo</u>	<u>Admin. Services Officer</u>	<u>Probation Dept., VW</u>
<u>Susan George</u>	<u>Victim Advocate -EA Grant</u>	<u>Probation Dept., VW</u>
<u>Julie Choquette</u>	<u>Victim Advocate -EA Grant</u>	<u>Probation Dept., VW</u>

11/02/10  
Date

11/3/10  
Date

## PERFORMANCE ASSESSMENT/SITE VISIT REPORT

### SECTION I – ADMINISTRATIVE and PROGRAMMATIC REVIEW

#### 1. OPERATIONAL DOCUMENTS

YES    NO    N/A

Review hard copy/verify the ability to access on line:

- |  |                                     |                          |                          |
|--|-------------------------------------|--------------------------|--------------------------|
| • The Cal EMA Recipient Handbook (R.H.)  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • The Approved Grant Award Agreement   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • The RFA/RFP (supersedes the requirement of the R.H.)   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • The Program Guidelines (supersedes the requirement of the R.H.)  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Is the project familiar with Office of Management and Budget, OMB Circulars which govern your organization? Circulars may be found at <a href="http://www.whitehouse.gov/omb/circulars">www.whitehouse.gov/omb/circulars</a> . | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments:

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#### 2. FIDELTY BOND CERTIFICATE - COMMUNITY BASED ORGANIZATIONS (CBO) & AMERICAN INDIAN ORGANIZATIONS ONLY

- |  |                          |                          |                                     |
|--|--------------------------|--------------------------|-------------------------------------|
| • Obtain copy of required Fidelity Bond Certificate? <i>[R.H. Section 2161]</i> Does <u>not</u> apply to state, city, or county units of government. | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| • Does the certificate show:   |                          |                          |                                     |
| ○ Bonding company's name   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| ○ Bond number  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| ○ Description of coverage  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| ○ Amount of coverage (50% of allocation)   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| ○ Bond period  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| ○ Grant award number   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| ○ Form A, Employee Dishonesty  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| ○ Form B, Forgery Coverage   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| ○ Is the State of California, California Emergency Management Agency named on the bond as the beneficiary?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |

Comments:

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#### 3. ENVIRONMENTAL IMPACT – CEQA COMPLIANCE (R.H. Section 2153)

- |  |                                     |                          |                          |
|--|-------------------------------------|--------------------------|--------------------------|
| • Does the project have its CEQA documentation on file?(Ask to view)   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ○ Certified Exempt   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ○ Recipient has adopted or certified an environmental document which complies with the requirements of CEQA. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments:

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## PERFORMANCE ASSESSMENT/SITE VISIT REPORT

### SECTION I – ADMINISTRATIVE and PROGRAMMATIC REVIEW (Continued)

- |   | YES                                 | NO                       | N/A                      |
|---|-------------------------------------|--------------------------|--------------------------|
| <b>4. <u>PROOF OF AUTHORITY (R.H. Section 1350)</u></b>   |                                     |                          |                          |
| • Does the project have a written authorization/resolution on file as required by the Grant Award Agreement? (Ask for copy) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments:

### 5. ORGANIZATIONAL CHART

- |   |                                     |                          |                          |
|---|-------------------------------------|--------------------------|--------------------------|
| • Review the organizational chart. Are all budgeted positions identified? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|---|-------------------------------------|--------------------------|--------------------------|

Comments:

### 6. Cal EMA MODIFICATION (Cal EMA 2-223)

- |   |                                     |                          |                          |
|---|-------------------------------------|--------------------------|--------------------------|
| • Review the purpose/preparation of Grant Award Modification Request (Cal EMA 2-223). [R. H. Section 7500] ( <i>Instruct project staff on the procedure to obtain the most recent forms from Cal EMA's website.</i> ) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| A modification is needed for the following:   |                                     |                          |                          |
| ○ Budget changes  |                                     |                          |                          |
| ○ Change in key personnel   |                                     |                          |                          |
| ○ Adding/changing additional signers  |                                     |                          |                          |
| ○ Change goals/objectives, or activities  |                                     |                          |                          |
| ○ Address change  |                                     |                          |                          |
| ○ Other   |                                     |                          |                          |

Comments:

### 7. PERSONNEL POLICIES

- |  |                                     |                          |                          |
|--|-------------------------------------|--------------------------|--------------------------|
| • Does the project staff have access to written personnel policies as required? [R. H. Section 2130] | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do the personnel policies include:   |                                     |                          |                          |
| ○ Work hours   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ○ Compensation rates including overtime and benefits   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ○ Vacation, sick, and other leave allowances   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ○ Hiring and promotional policies  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



## PERFORMANCE ASSESSMENT/SITE VISIT REPORT

### SECTION I – ADMINISTRATIVE and PROGRAMMATIC REVIEW (Continued)

- Do the personnel files include:
  - Staff note: Complete a sample review of a personnel file ☒ ☐ ☐
  - Job application ☒ ☐ ☐
  - Resume ☒ ☐ ☐
  - Performance evaluations ☒ ☐ ☐
  - Salary rates ☒ ☐ ☐
  - Benefits ☒ ☐ ☐
  - Current job duties/descriptions ☒ ☐ ☐
  - Other terms of employment ☒ ☐ ☐
- Does the project have a current Drug Free Workplace policy statement on file signed by the employee? [R. H. Section 2152] ☒ ☐ ☐
- Did the Board approve the agency's existing personnel policy? ☒ ☐ ☐

Comments:

Some benefit information is kept in Human Resources. If the job duties are not in the personnel file they are in separate binder.

### 8. FUNCTIONAL TIMESHEETS

- Does the project use functional timesheets for each grant funded position less than 1 FTE? OR Time Study Allocation plan updated within the last 2 years? [R. H. Section 11331] ☐ ☒ ☐
- Are timesheets (paid staff & volunteer) signed by staff & approved by supervisor? (Review timesheets to ensure signatures of staff and supervisor.) ☒ ☐ ☐

Comments:

Functional timesheets are not used for the EA or VW grant because those advocates only work on a specific grant.

### 9. DUTIES OF FINANCIAL OFFICER AND BOOKKEEPER

- Are the duties of the financial officer and the bookkeeper separate to ensure no one person has complete authority over a financial transaction? ☒ ☐ ☐
  - Name of individual who approves purchases.  
Rod Gillespie - Program, Darlene Woo - Finance
  - Name of individual who writes checks.  
Diane Hortan-Pong - Accountant Tech
  - Name of individual(s) who signs checks.  
Marcia Salter - Auditor

Comments:

For amounts greater than \$1,000.00 it goes through the Purchasing Agent

## PERFORMANCE ASSESSMENT/SITE VISIT REPORT

### SECTION I – ADMINISTRATIVE and PROGRAMMATIC REVIEW (Continued)

	YES	NO	N/A
<b>10. <u>SOURCE DOCUMENTATION-Fiscal /R. H. Section 11000/</u></b>			
• Does the project maintain a record-keeping system which accurately supports costs claimed on Report of Expenditure and Request for Funds (Cal EMA Form 2-201)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Does the project maintain an accurate inventory log of equipment purchased with grant funds?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Comments:

Take all of of what VW costs to run and subtract out what they are claiming to another source.

### 11. PROJECT EXPENDITURES

• Is the project's expenditure rate commensurate with the elapsed period of the grant?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Are the project's expenditures being made in accordance with the terms of the Grant Award Agreement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Does the project need to submit a Grant Award Modification Request (Cal EMA Form 2-223)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
• Is the project up-to-date with the submission of Cal EMA Form 2-201?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

There are two modifications in process, one for the RV and one for the VS grants. After those modifications are approved Darlene will submit 201's for the EA, VW, RV, and VS grants together.

### 12. MATCH REQUIREMENTS

• Does the project have a match requirement?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
• Is the project meeting the match requirement?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
• Review the supporting documentation to substantiate cash or in-kind match.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Comments:

Nevada County received a waiver for the match on the EA grant and the the match on the VW grant is provided by VWA funds.

### 13. EEO POLICY

• Go over EEO checklist. (Separate document)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Comments:

## PERFORMANCE ASSESSMENT/SITE VISIT REPORT

### SECTION I – ADMINISTRATIVE and PROGRAMMATIC REVIEW (Continued)

#### GENERAL

YES NO N/A

#### 14. PROGRAM GOALS AND OBJECTIVES

- Review the goals and objectives of the program and the programmatic requirements of the Grant Award Agreement. Is the project meeting the program's goals and objectives?
- Does the project need to submit Cal EMA Form 2-223 to modify grant objectives?

☒ ☐ ☐

☐ ☒ ☐

Comments:

#### 15. PROGRESS REPORT

- Discuss and review the programmatic Progress Report requirements.

☒ ☐ ☐

Comments:

I have received the final VW Progress Report.

#### 16. SOURCE DOCUMENTATION-Programmatic

- Is the project maintaining a record keeping and data collection process that which accurately supports the project's reported data on the Progress Report form?
- Review the project's file system and data collection process.

☒ ☐ ☐

Comments:

Information is entered manually. Multiple services are currently unable to be counted. Nevada County will begin using the DAMION System shortly.

#### 17. OPERATIONAL AGREEMENTS

- Does the project have current Operational Agreements as required by the Grant Award Agreement?

☒ ☐ ☐

Comments:

#### 18. PROJECT STAFF DUTIES

- Interview project staff and discuss their duties and the relationship to the grant. Are employees performing duties as stated in the Grant Award Agreement?

☒ ☐ ☐

Comments:



**CALIFORNIA EMERGENCY MANAGEMENT AGENCY (Cal EMA)  
PERFORMANCE ASSESSMENT / SITE VISIT REPORT**

Checklist Items	Yes	No	Comments
<b>SUPPLEMENTAL PROGRAMMATIC REVIEW</b>	<b>VW09230290</b>		
<b>1. MANDATORY SERVICES</b>			
<b>a. Crisis Intervention</b>			
(1) Provide in person/telephone contacts	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
(2) Provide crisis intervention and arrange for needed services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>b. Emergency Assistance</b>			
(1) Arrange emergency assistance within the first 24 hours after initial contact	<input checked="" type="checkbox"/>	<input type="checkbox"/>	upon request, refer to agencies
(2) Written procedures in place for disbursing funds	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Do not have an emergency fund
(3) OA(s) on file with service providers (i.e. shelters)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>c. Resource and Referral Assistance</b>			
(1) Provide non-emergency referrals	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
(2) OA(s) on file with service providers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Have a referral list of approx. 50 therapist, that can be matched to the needs of the victims
<b>d. Direct Counseling</b>			
(1) Provide in person or telephone guidance and/or emotional support	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No direct counseling
(2) If counseling is provided, it is at a level that does not require a licensed professional	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
(3) If counseling is referred, OA(s) on file with service providers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>e. Victims of Crime Claims</b>			
(1) Assist clients in preparing applications for compensation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
(2) Advocate is aware their role does not include determination of eligibility	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
(3) Is a Joint Powers unit locally located	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Placer County serves as the JP
<b>f. Property Return</b>			
(1) Assist in the return of property held as evidence	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
(2) If property cannot be returned, an explanation is provided	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

**CALIFORNIA EMERGENCY MANAGEMENT AGENCY (Cal EMA)  
PERFORMANCE ASSESSMENT / SITE VISIT REPORT**

Checklist Items	Yes	No	Comments
<b>SUPPLEMENTAL PROGRAMMATIC REVIEW (Continued)</b>			
<b>1. MANDATORY SERVICES (Continued)</b>			
<b>g. Orientation to the Criminal Justice System</b>			
(1) Provide information on the location, procedures, and functions of local criminal justice agencies	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
(2) Written material/brochures are available in languages appropriate to local ethnic needs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>h. Court Escort</b>			
(1) Provide physical accompaniment during court appearances	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
(2) Provide physical accompaniment during interviews with law enforcement and prosecution	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>i. Presentations and Training for Criminal Justice Agencies</b>			
(1) Conduct informational presentations regarding resources available through V/W Centers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
(2) Conduct informational presentations explaining the rights and needs of victims	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>j. Public Presentations and Publicity</b>			
(1) Promote public awareness of V/W services through public media	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Radio, cable TV., newspaper, on transit buses
(2) Conduct presentations to victim service organizations and community groups	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Rotary Club, probation officers, at POST trainings
(3) Participate in Victims' Rights Week	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>k. Case Status/Case Disposition</b>			
(1) Advise victim of the progress and disposition of case	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
(2) Assist victim with preparing Victim Impact Statements	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>l. Notification of Family/Friends</b>			
(1) Notify victim's relatives and/or friends of the occurrence of the crime	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>m. Employer Notification</b>			
(1) Notify employer that client was a victim/witness to a crime	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
(2) Encourage employer to minimize any loss of pay or other benefits	<input checked="" type="checkbox"/>	<input type="checkbox"/>	



**CALIFORNIA EMERGENCY MANAGEMENT AGENCY (Cal EMA)  
PERFORMANCE ASSESSMENT / SITE VISIT REPORT**

Checklist Items	Yes	No	Comments
<b>SUPPLEMENTAL PROGRAMMATIC REVIEW (Continued)</b>			
<b>1. MANDATORY SERVICES (Continued)</b>			
<b>n. Restitution</b>			
(1) Assist in obtaining restitution	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
(2) Provide the Probation Department, District Attorney, and Court with information relevant the victim's losses prior to the imposition of sentencing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>2. OPTIONAL SERVICES They are providing these services, but are not able to keep track at this time due to a data collection issue.</b>			
(1) Employer Intervention	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
(2) Creditor Intervention	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
(3) Child Care Assistance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Arrangements with day care providers
(4) Witness Notification	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Usually DA does this
(5) Funeral Arrangements	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
(6) Crime Prevention Information	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
(7) Witness Protection	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Advocating for criminal protective orders, refer to women's programs
(8) Temporary Restraining Order (TRO) Assistance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
(9) Transportation Assistance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	More for elderly or disabled
(10) Court Waiting Area	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Two areas
<b>3. AGENCY ORGANIZATION</b>			
<b>a. Facility</b>			
(1) V/W Center is open during normal business hours	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
(2) Waiting Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Two areas
(3) Private Interview Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>b. Personnel &amp; Organization</b>			
(1) Reporting lines of Authority are consistent with the Project Contact Information form	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
(2) Authorization for additional signature authority is current	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
(3) Evidence of completion of 40 hour Entry-Level Training	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Loletta went to advanced, Rod's burned in fire

**CALIFORNIA EMERGENCY MANAGEMENT AGENCY (Cal EMA)  
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**SUPPLEMENTAL PROGRAMMATIC REVIEW (Continued)**

**b. Personnel & Organization (Continued)**

(4) Evidence of completion of Advance Training, if applicable	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
(5) Evidence of completion of Coordinator's Training, if applicable	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Rod's burned in fire
(6) Volunteers utilized as required	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Had a couple, don't have any right now. Most do not stay very long and the background checks are costly

**Additional Comments / Notes:**